

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	M - G		3/11/0
O.I.P.E. CLASSIFIER		20	3/11/0
FORMALITY REVIEW			
RESPONSE FORMALITY REVIEW		64894	4-3

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## INDEX OF CLAIMS

✓ ..... Rejected N ..... Non-elected  
 = ..... Allowed I ..... Interference  
 - (Through numeral)... Canceled A ..... Appeal  
 ÷ ..... Restricted O ..... Objected

Claim	Final	Original	Date
1	X	V	
2	X	V	
3	X	V	
4	X	V	
5	X	V	
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10	X	V	
11	X	V	
12	X	V	
13	X	V	
14	X	V	
15	X	V	
16	X	V	
17	X	V	
18	X	V	
19	X	V	
20	X	V	
21	X	V	
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23	X	V	
24	X	V	
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26	X	V	
27	X	V	
28	X	V	
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30	X	V	
31	X	V	
32	X	V	
33	X	V	
34	X	V	
35	X	V	
36	X	V	
37	X	V	
38	X	V	
39	X	V	
40	X	V	
41	X	V	
42	X	V	
43	X	V	
44	X	V	
45	X	V	
46	X	V	
47	X	V	
48	X	V	
49	X	V	
50	X	V	

Claim	Final	Original	Date
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Claim	Final	Original	Date
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If more than 150 claims or 10 actions  
staple additional sheet here

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